

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

1D-809007
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | 20 | | | |
| TOTAL DEP. | | | 2 | | | |
| TOTAL CLAIMS | | | 22 | | | |

| | * IND. | | * DEP. | | * IND. | | * DEP. | | * IND. | | * DEP. | |
|--------------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
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| 100 | | | | | | | | | | | | |
| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |